

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56043D

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1	1				
4	1					
5	2					
6	2					
7	2					
8	2					
9	2	2				
10						
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50						
TOTAL IND.			↓	X	↓	↓
TOTAL DEP.			←	16	←	←
TOTAL CLAIMS			20	20	20	20

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			20	20	20	20